



Montana  
**Office of Public Instruction**  
Denise Juneau, State Superintendent

**SPECIAL EDUCATION COOP CHECKLIST**  
**2011-2012 School Year**

**DUE DATE:**  
**To Office of Public Instruction, Special**  
**Education Division: Tuesday 10/25/2011**

County \_\_\_\_\_

Name \_\_\_\_\_

Coop LE \_\_\_\_\_

***Authorized Signature***

Please check to confirm that all forms are completed and submitted electronically to the Office of Public Instruction before signing.

\_\_\_\_\_ District Staff Assignments

\_\_\_\_\_ District Personnel Recruitment

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I verify to the best of my ability that the information reported for the Special Education Cooperative's Annual Data Collection is complete and accurate.

\_\_\_\_\_  
Special Education Cooperative  
Director

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**Mail this signed form to:**

**Karen B. Crogan, OPI Division of Special Education, PO Box 202501, Helena, MT 59620-2501**